Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

RYAN POTTER MD
5734 SPOHN DRIVE
CORPUS CHRISTI TEXAS 78414

Respondent Name
TWIN CITY FIRE INSURANCE CO

Carrier's Austin Representative Box
Box Number 47

MFDR Tracking Number
M4-09-1898-01

MFDR Date Received
March 8, 2007

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Preauthorization was obtained prior to services being rendered. According to TWCC Fast Facts, if pre-approval was obtained for a compensable injury, approval guarantees payment."

Amount in Dispute: $253.87

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The insurance carrier did not respond to the DWC060 request.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 30, 2006	20610, 76003, J0475, J0735, J1040, J3010 and J2250	$253.87	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute resolution for which the dispute resolution request was filed on or after January 15, 2007.
2. 28 Texas Administrative Code §134.202 sets out the fee guideline for professional medical services provided on or after September 1, 2002.
3. 28 Texas Administrative Code §134.600, sets out the preauthorization guidelines.

4. The services in dispute were reduced/denied by the respondent with the following reason codes:

   Explanation of benefits dated October 16, 2006
   - 165 – Payment denied/reduced for absence of or exceeded referral. Not treating doctor.

   Explanation of benefits dated December 8, 2006
   - W4 – No addl reimbursement allowed after review of appeal/reconsideration. Reimbursement for your resubmitted invoice has been considered. No additional monies are being paid at this time. Not treating doctor.

Issues

1. Did the requestor obtain preauthorization for the disputed charges?
2. Did the requestor bill for bundled codes?
3. Did the requestor submit documentation to support the billing of procedure codes 20610, 76003, J0475, J0735, J1040, J3010 and J2250?
4. Is the requestor entitled to reimbursement?

Findings

1. Per 28 Texas Administrative Code §134.600, preauthorization was obtained from The Hartford. Review of the preauthorization letter dated August 9, 2006 revealed that the requestor obtained preauthorization for a "left shoulder steroid injection, peri-supraspinatus and per-infraspina US/20610." Preauthorization was approved under preauthorization # H4909182080. Therefore, the MDR section has jurisdiction to review the disputed fee dispute.
2. Per 28 Texas Administrative Code §134.202 "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the Medicare program reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies in effect on the date a service is provided with any additions or exceptions in this section." CCI edits were run to determine if edit conflicts exists for date of service August 30, 2006. Review of the CCI edits finds:
   - No CCI edit conflicts were identified.
3. Per 28 Texas Administrative Code §133.307, "(c) Requests. Requests for medical dispute resolution (MDR) shall be filed in the form and manner prescribed by the Division. Requestors shall file two legible copies of the request with the Division: (2) Provider Request. The provider shall complete the required sections of the request in the form and manner prescribed by the Division. The provider shall file the request with the MDR Section by any mail service or personal delivery. The request shall include:.. (E) a copy of all applicable medical records specific to the dates of service in dispute."
   - The requestor did not submit copies of the procedure notes to support the billing of procedure codes 20610, 76003, J0475, J0735, J1040, J3010 and J2250.
   - The Division is therefore unable to make a determination if the services were provided as billed.
   - Reimbursement cannot be recommended for the disputed charges.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

		March 19, 2013
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.